

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 68

For Official Use Only

Statement covers period

from 10/21/2018

through 12/31/2018

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☒ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1237135

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Los Angeles County Democratic Party - State Candidate Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017</u>	<u>(213)452-6565</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS
(213) 452-6575 / sshin@Kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER
Karen Wingard

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017</u>	<u>(213) 452-6565</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 68

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460 Page 3 of 68 I.D. NUMBER 1237135
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$85,475.00	\$671,312.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$85,475.00	\$671,312.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$1,164.82
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$85,475.00	\$672,476.82

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$188,904.46	\$800,875.35
7. Loans Made	Schedule H, Line 7	\$0.00	\$140,000.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$188,904.46	\$940,875.35
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$130.00	\$15,825.62
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$1,164.82
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$189,034.46	\$957,865.79

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$131,015.03	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$85,475.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$188,904.46	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$27,585.57	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$15,825.62

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 4 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. Number 1237135

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2018	21st Century Fox America, Inc. New York, NY 10036-8701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
11/8/2018	A. Veronica Saucedo for Judge 2018 Encino, CA 91436-1856 Committee ID: 1402953	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
12/28/2018	Action Democrats of the San Fernando Valley Sherman Oaks, CA 91401-5109 Committee ID: 922441	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$2,898.00	
12/19/2018	Avance Democratic Club Los Angeles, CA 90031-2315 Committee ID: 1369752	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,600.00	
11/15/2018	Becerra for Attorney General 2018 Los Angeles, CA 90017-5864 Committee ID: 1394091	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$85,350.00
2. Amount received this period - unitemized contributions of less than \$100	\$125.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$85,475.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 5 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. Number
1237135

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2018	Board of Equalization Member Horton 2014 Sacramento, CA 95815-4404 Committee ID: 1333869	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$115.00	\$115.00	
11/13/2018	Democratic Party San Fernando Valley Long Beach, CA 90802-8832 Committee ID: 791828	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$400.00	\$600.00	
12/21/2018	Dignity CA SEIU Local 2015 Los Angeles, CA 90057-1012 Committee ID: 1357256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,500.00	\$5,500.00	
12/18/2018	Heather Repenning for LAUSD Board 2018 Los Angeles, CA 90017-5864 Committee ID: 1412734	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
12/20/2018	Carolyn Hoff Santa Monica, CA 90404-3585	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Edmunds.com, Inc. Attorney	\$100.00	\$100.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 6 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. Number 1237135

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2018	I Love LA Long Beach, CA 90802-8832 Committee ID: 1400250	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
11/8/2018	Javier Perez for Judge 2018 Encino, CA 91436-1856 Committee ID: 1402549	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
10/26/2018	Kamlager for Assembly 2018 Long Beach, CA 90807-6010 Committee ID: 1401368	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$535.00	\$1,385.00	
10/24/2018	Laborers Pacific Southwest Regional Organizing Coalition PAC Sacramento, CA 95814-4602 Committee ID: 1358723	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$25,000.00	\$25,000.00	
11/27/2018	Maria Elena Durazo Democrat for State Senate 2018 Los Angeles, CA 90017-5864 Committee ID: 1395749	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,090.00	\$1,540.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>		CALIFORNIA FORM 460
Page <u>7</u> of <u>68</u>		
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. Number 1237135

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/5/2018	MCAF Development Holding Co LLC New York, NY 10023-5882	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,020.00	\$1,020.00	
11/26/2018	Miguel Santiago for Assembly 2018 Long Beach, CA 90802-8832 Committee ID: 1392439	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/21/2018	Model City Democratic Club Commerce, CA 90040-1126 Committee ID: 910322	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$460.00	\$560.00	
12/28/2018	North Valley Democratic Club Chatsworth, CA 91311-3110 Committee ID: 960365	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$260.00	
11/19/2018	Patti Hunter for Judge 2018 Encino, CA 91436-1856 Committee ID: 1403318	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 8 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. Number
1237135

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/5/2018	Portantino for Senate 2020 Long Beach, CA 90802-8832 Committee ID: 1392849	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$115.00	\$163.00	
10/23/2018	San Fernando Valley Young Democrats Van Nuys, CA 91409-7656 Committee ID: 1274758	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$920.00	\$920.00	
12/28/2018	San Pedro Democratic Club San Pedro, CA 90731-5324 Committee ID: 1271044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$248.00	
12/7/2018	Santa Monica Democratic Club Campaign Committee Santa Monica, CA 90406-1052 Committee ID: 790438	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
10/24/2018	SEIU Local 721, CTW, CLC Commercial Los Angeles, CA 90017-4510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,020.00	\$2,020.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 9 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. Number
1237135

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/13/2018	SEIU Local 99 Los Angeles City And County School Employees Union Los Angeles, CA 90005-1225 Committee ID: 745613	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
10/31/2018	Service Employees International Union Local 121RN Health Care Fund Sacramento, CA 95814-4602 Committee ID: 1385421	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$15,000.00	
10/26/2018	Skinner for Senate 2020 Sacramento, CA 95815-4404 Committee ID: 1392359	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$345.00	\$345.00	
11/12/2018	Southwest Regional Council of Carpenters SCC Los Angeles, CA 90071-1715 Committee ID: 870169	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
10/31/2018	Taj for City Council 2018 Artesia, CA 90701-5858 Committee ID: 1358275	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 10 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. Number
1237135

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/12/2018	Teamsters Local Union No. 396 Covina, CA 91724-0604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$5,000.00	
11/19/2018	Tony Cho for Judge 2018 Long Beach, CA 90802-8832 Committee ID: 1402113	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,230.00	\$2,230.00	
11/5/2018	United Food And Commercial Workers International Union Active Ballot Club Washington, DC 20006-1521 Committee ID: 1247000	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,900.00	\$14,275.00	
11/1/2018	United Nurses Associations of California / Union of Health Care Professionals PAC (UNAC PAC) Sacramento, CA 95814-4602 Committee ID: 1295768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$5,000.00	\$10,000.00	
12/28/2018	Valley Grassroots For Democracy Woodland Hills, CA 91364-5608 Committee ID: 1281019	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$200.00	
SUBTOTAL				\$85,350.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460
	Page 11 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>68</u>
I.D. Number 1237135	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
	Page <u>13</u> of <u>68</u>
I.D. Number 1237135	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 10/21/2018

through 12/31/2018

CALIFORNIA
FORM **460**

Page 14 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER

1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2018	Rudy Salas State Assembly Person District 32 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$50,000.00	\$50,000.00	2018G: \$50,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/31/2018	Christy Smith State Assembly Person District 38 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$30,000.00	\$80,000.00	2018G: \$80,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Los Angeles Public Bank Charter Amendment Ballot Number or Letter: B Jurisdiction: City of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$100,779.51
- Unitemized contributions and independent expenditures made this period of under \$100 \$36.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$100,815.51

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/21/2018

through 12/31/2018

CALIFORNIA
FORM 460

Page 15 of 68

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Bonds to Fund Veteran & Affordable Housing Ballot Number or Letter: 1 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Amend Existing Housing Program for Mental Illness Ballot Number or Letter: 2 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Bond for Children's Hospital Construction Ballot Number or Letter: 4 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Senior Property Reduction Ballot Number or Letter: 5 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 16 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Repeal Fuel Tax Ballot Number or Letter: 6 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/1/2018	Change Daylight Savings Time Period Ballot Number or Letter: 7 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Regulates Kidney Dialysis Treatment Charges Ballot Number or Letter: 8 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Rent Control on Residential Property Ballot Number or Letter: 10 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 17 of 68

NAME OF FILER
 Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Emergency Ambulance Employees on-call Ballot Number or Letter: 11 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/1/2018	Farm Animals Confinement Standards Ballot Number or Letter: 12 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Alex Villanueva Sheriff-Coroner Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$1,118.07	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Jeffrey Prang Assessor Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$1,118.07	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 18 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Gavin Newsom Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.96	\$899.49	2018G: \$899.49
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.95	\$1,118.05	2018G: \$899.48 2018P: \$218.57
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Veronica Saucedo Superior Court Judge District 4 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.95	\$1,118.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Patricia Hunter Superior Court Judge District 16 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.95	\$1,118.05	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/21/2018</u>		
through <u>12/31/2018</u>		Page <u>19</u> of <u>68</u>
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Tony Cho Superior Court Judge District 60 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.95	\$1,118.06	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Javier Perez Superior Court Judge District 113 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.95	\$1,118.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Maria Elena Durazo State Senator District 24 Jurisdiction: Senate	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.95	\$3,198.52	2018G: \$798.52 2018P: \$2,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.95	\$798.52	2018G: \$798.52
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/21/2018

through 12/31/2018

**CALIFORNIA
FORM 460**

Page 20 of 68

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Miguel Santiago State Assembly Person District 53 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	POS	\$408.95	\$798.52	2018G: \$798.52
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Miguel Santiago State Assembly Person District 53 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	LIT	\$389.57	\$798.52	2018G: \$798.52
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Wendy Carrillo State Assembly Person District 51 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.57	\$798.52	2018G: \$798.52
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Maria Elena Durazo State Senator District 24 Jurisdiction: Senate	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.57	\$3,198.52	2018G: \$798.52 2018P: \$2,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/21/2018</u>		
through <u>12/31/2018</u>		Page <u>21</u> of <u>68</u>
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Javier Perez Superior Court Judge District 113 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.57	\$1,118.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Tony Cho Superior Court Judge District 60 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$1,118.06	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Patricia Hunter Superior Court Judge District 16 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$1,118.05	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Veronica Saucedo Superior Court Judge District 4 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.57	\$1,118.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/21/2018

through 12/31/2018

**CALIFORNIA
FORM 460**

Page 22 of 68

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Ricardo Lara Insurance Commissioner Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.53	2018G: \$798.53
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$1,118.05	2018G: \$899.48 2018P: \$218.57
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Gavin Newsom Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$899.49	2018G: \$899.49
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Jeffrey Prang Assessor Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$1,118.07	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 23 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Alex Villanueva Sheriff-Coroner Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$1,118.07	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Farm Animals Confinement Standards Ballot Number or Letter: 12 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Emergency Ambulance Employees on-call Ballot Number or Letter: 11 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/1/2018	Rent Control on Residential Property Ballot Number or Letter: 10 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/21/2018

through 12/31/2018

CALIFORNIA
FORM 460

Page 24 of 68

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Regulates Kidney Dialysis Treatment Charges Ballot Number or Letter: 8 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Change Daylight Savings Time Period Ballot Number or Letter: 7 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Repeal Fuel Tax Ballot Number or Letter: 6 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
11/1/2018	Senior Property Reduction Ballot Number or Letter: 5 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 25 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Bond for Children's Hospital Construction Ballot Number or Letter: 4 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Amend Existing Housing Program for Mental Illness Ballot Number or Letter: 2 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Bonds to Fund Veteran & Affordable Housing Ballot Number or Letter: 1 Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2018	Los Angeles Public Bank Charter Amendment Ballot Number or Letter: B Jurisdiction: City of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$389.58	\$798.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 26 of 68

NAME OF FILER
 Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Ricardo Lara Insurance Commissioner Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$408.95	\$798.53	2018G: \$798.53
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/15/2018	Robert Garcia Mayor Jurisdiction: City of Long Beach	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Ali Taj City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$201.90	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Victor Manalo City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$201.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 27 of 68

NAME OF FILER
 Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Melissa Ramoso City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$201.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Alex Villanueva Sheriff-Coroner Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$1,118.07	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Jeffrey Prang Assessor Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$1,118.07	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Gavin Newsom Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$899.49	2018G: \$899.49
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/21/2018</u>		
through <u>12/31/2018</u>		Page <u>28</u> of <u>68</u>
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$1,118.05	2018G: \$899.48 2018P: \$218.57
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Ali Taj City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$201.90	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Victor Manalo City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$201.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Melissa Ramoso City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$201.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 29 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Veronica Saucedo Superior Court Judge District 4 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$1,118.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Patricia Hunter Superior Court Judge District 16 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$1,118.05	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Tony Cho Superior Court Judge District 60 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.08	\$1,118.06	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Javier Perez Superior Court Judge District 113 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	\$64.07	\$1,118.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/21/2018

through 12/31/2018

CALIFORNIA
FORM 460

Page 30 of 68

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Ali Taj City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.87	\$201.90	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Victor Manalo City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.87	\$201.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Melissa Ramoso City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.87	\$201.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Alex Villanueva Sheriff-Coroner Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.87	\$1,118.07	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/21/2018</u>		
through <u>12/31/2018</u>		Page <u>31</u> of <u>68</u>
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Jeffrey Prang Assessor Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.87	\$1,118.07	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Gavin Newsom Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.87	\$899.49	2018G: \$899.49
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Tony Thurmond Superintendent of Public Instruction Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.87	\$1,118.05	2018G: \$899.48 2018P: \$218.57
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Ali Taj City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.87	\$201.90	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>10/21/2018</u>		
through <u>12/31/2018</u>		Page <u>32</u> of <u>68</u>
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Victor Manalo City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.86	\$201.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Melissa Ramoso City Council Member Jurisdiction: City of Artesia	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.86	\$201.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Veronica Saucedo Superior Court Judge District 4 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.86	\$1,118.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Patricia Hunter Superior Court Judge District 16 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.86	\$1,118.05	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 33 of 68

NAME OF FILER
 Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
 1237135

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Tony Cho Superior Court Judge District 60 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.86	\$1,118.06	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/22/2018	Javier Perez Superior Court Judge District 113 Jurisdiction: County of Los Angeles	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	\$36.86	\$1,118.04	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$100,779.51

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460
Page 34 of 68	I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rudy Salas for Assembly 2018 Bakersfield, CA 93304-4018	CTB			\$50,000.00
Committee ID: 1393439 Christy Smith For Assembly 2018 Covina, CA 91722-3222	CTB			\$30,000.00
Committee ID: 1395167 Image Cube Sun Valley, CA 91352-4346	IND		POS, Measure B, Support	\$408.96

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$188,841.88
2. Unitemized payments made this period of under \$100.	\$62.58
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$188,904.46

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 35 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 1, Support	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 2, Support	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 4, Support	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 5, Oppose	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 6, Oppose	\$408.96

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 36 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 7, Support	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 8, Support	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 10, Support	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 11, Oppose	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Prop 12, Support	\$408.96

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 37 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		POS, Alex Villanueva, Support	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Jeffrey Prang, Support	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Gavin Newsom, Support	\$408.96
Image Cube Sun Valley, CA 91352-4346	IND		POS, Tony Thurmond, Support	\$408.95
Image Cube Sun Valley, CA 91352-4346	IND		POS, Veronica Saucedo, Support	\$408.95

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 38 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		POS, Patricia Hunter, Support	\$408.95
Image Cube Sun Valley, CA 91352-4346	IND		POS, Tony Cho, Support	\$408.95
Image Cube Sun Valley, CA 91352-4346	IND		POS, Javier Perez, Support	\$408.95
Image Cube Sun Valley, CA 91352-4346	IND		POS, Maria Elena Durazo, Support	\$408.95
Image Cube Sun Valley, CA 91352-4346	IND		POS, Wendy Carrillo, Support	\$408.95

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 39 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	CTB			\$408.95
Image Cube Sun Valley, CA 91352-4346	CTB			\$389.57
Image Cube Sun Valley, CA 91352-4346	IND	LIT, Wendy Carrillo, Support		\$389.57
Image Cube Sun Valley, CA 91352-4346	IND	LIT, Maria Elena Durazo, Support		\$389.57
Image Cube Sun Valley, CA 91352-4346	IND	LIT, Javier Perez, Support		\$389.57

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 40 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Tony Cho, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Patricia Hunter, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Veronica Saucedo, Support	\$389.57
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Ricardo Lara, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Tony Thurmond, Support	\$389.58

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 41 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Gavin Newsom, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Jeffrey Prang, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Alex Villanueva, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 12, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 11, Oppose	\$389.58

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/21/2018 through 12/31/2018		CALIFORNIA FORM 460 Page 42 of 68
I.D. NUMBER 1237135		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 10, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 8, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 7, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 6, Oppose	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 5, Oppose	\$389.58

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 43 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 4, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 2, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Prop 1, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Measure B, Support	\$389.58
Image Cube Sun Valley, CA 91352-4346	IND		POS, Ricardo Lara, Support	\$408.95

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 44 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$1,750.00
Robert Garcia Officeholder Account Los Angeles, CA 90071-2439	CTB			\$1,000.00
Committee ID: 1304062 Secretary of State Sacramento, CA 95814-5701	OFC			\$40.00
Bankcard Center Salt Lake City, UT 84130-0833	CTB			\$36.00
LA County Democratic Central Committee Los Angeles, CA 90017-5864	TSF			\$22,802.54

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/21/2018 through 12/31/2018		CALIFORNIA FORM 460 Page 45 of 68
I.D. NUMBER 1237135		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LA County Democratic Central Committee Los Angeles, CA 90017-5864	TSF			\$26,808.30
LA County Democratic Central Committee Los Angeles, CA 90017-5864	TSF			\$18,880.18
LA County Democratic Central Committee Los Angeles, CA 90017-5864	TSF			\$15,995.35
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO			\$1,750.00
Image Cube Sun Valley, CA 91352-4346	IND	LIT, Ali Taj, Support		\$64.08

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 46 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Victor Manalo, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Melissa Ramoso, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Alex Villanueva, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Jeffrey Prang, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Gavin Newsom, Support	\$64.08

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 47 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Tony Thurmond, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Ali Taj, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Victor Manalo, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Melissa Ramoso, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Veronica Saucedo, Support	\$64.08

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/21/2018 through 12/31/2018		CALIFORNIA FORM 460 Page 48 of 68
I.D. NUMBER 1237135		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Patricia Hunter, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Tony Cho, Support	\$64.08
Image Cube Sun Valley, CA 91352-4346	IND		LIT, Javier Perez, Support	\$64.07
Image Cube Sun Valley, CA 91352-4346	IND		POS, Ali Taj, Support	\$36.87
Image Cube Sun Valley, CA 91352-4346	IND		POS, Victor Manalo, Support	\$36.87

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 49 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		POS, Melissa Ramoso, Support	\$36.87
Image Cube Sun Valley, CA 91352-4346	IND		POS, Alex Villanueva, Support	\$36.87
Image Cube Sun Valley, CA 91352-4346	IND		POS, Jeffrey Prang, Support	\$36.87
Image Cube Sun Valley, CA 91352-4346	IND		POS, Gavin Newsom, Support	\$36.87
Image Cube Sun Valley, CA 91352-4346	IND		POS, Tony Thurmond, Support	\$36.87

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 50 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND		POS, Ali Taj, Support	\$36.87
Image Cube Sun Valley, CA 91352-4346	IND		POS, Victor Manalo, Support	\$36.86
Image Cube Sun Valley, CA 91352-4346	IND		POS, Melissa Ramoso, Support	\$36.86
Image Cube Sun Valley, CA 91352-4346	IND		POS, Veronica Saucedo, Support	\$36.86
Image Cube Sun Valley, CA 91352-4346	IND		POS, Patricia Hunter, Support	\$36.86

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/21/2018		
through 12/31/2018		Page 51 of 68
NAME OF FILER Los Angeles County Democratic Party - State Candidate Committee		I.D. NUMBER 1237135

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Los Angeles County Democratic Party - State Candidate Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Image Cube Sun Valley, CA 91352-4346	IND	POS, Tony Cho, Support	\$36.86
Image Cube Sun Valley, CA 91352-4346	IND	POS, Javier Perez, Support	\$36.86

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$188,841.88

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA
FORM 460

Page 52 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$7,375.00	\$0.00	\$0.00	\$7,375.00
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$211.35	\$0.00	\$0.00	\$211.35
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$47.02	\$0.00	\$0.00	\$47.02

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$130.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$130.00
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460

Page 53 of 68

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$30.30	\$0.00	\$0.00	\$30.30
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$59.73	\$0.00	\$0.00	\$59.73
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$95.41	\$0.00	\$0.00	\$95.41
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$46.00	\$0.00	\$0.00	\$46.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA FORM 460
Page 54 of 68

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$243.64	\$0.00	\$0.00	\$243.64
Kaufman Legal Group Los Angeles, CA 90017-5864	OFC	\$62.17	\$0.00	\$0.00	\$62.17
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$2,750.00	\$0.00	\$0.00	\$2,750.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$2,500.00	\$0.00	\$0.00	\$2,500.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA
FORM **460**

Page 55 of 68

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Political Data Inc. Norwalk, CA 90650-8352	Voter Data, Wendy Carrillo for Assembly 2017, Support	\$200.00	\$0.00	\$0.00	\$200.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$325.00	\$0.00	\$0.00	\$325.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$1,750.00	\$0.00	\$0.00	\$1,750.00
Kaufman Legal Group Los Angeles, CA 90017-5864	PRO	\$0.00	\$130.00	\$0.00	\$130.00
SUBTOTALS		\$15,695.62	\$130.00	\$0.00	\$15,825.62

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 56 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Alan Brodtkin & Associates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LexisNexis Chicago, IL 60673-1285	OFC			\$1,169.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1169.20

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 57 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Rosalba Gonzalez

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Kaiser Permanente Oakland, CA 94612-3610			Healthcare Benefits	\$1,177.57
Click2Mail Arlington, VA 22201-2255	POS			\$1,271.13

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2448.70

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 58 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Image Cube

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service North Hollywood, CA 91605-5738	POS			\$9,405.99
United States Postal Service North Hollywood, CA 91605-5738	POS			\$516.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$9922.11

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 59 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LA County Democratic Central Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Employment Development Department Sacramento, CA 95814-4807			Payroll Taxes	\$1,569.76
Rosalba Gonzalez Canoga Park, CA 91304-1959			SAL/POS/OFC/TRS/MTG	\$9,422.70
Diana Hernandez West Covina, CA 91792-3002	CNS			\$2,212.00
LA Plaza de Cultura y Artes Los Angeles, CA 90012-2828	MTG			\$2,989.36

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$16193.82

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 60 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LA County Democratic Central Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Daniel Leserman Los Angeles, CA 90025-3573	SAL			\$7,120.68
Williams Lopez Los Angeles, CA 90018-4521	CNS			\$927.24
Mr. Cat Productions Long Beach, CA 90803-1637	MTG			\$1,437.80
Renee Nahum Los Angeles, CA 90039-3634	SAL			\$7,893.72

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$17379.44

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 61 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LA County Democratic Central Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Devin Osiri Encino, CA 91316-7237	SAL			\$9,462.93
Paramount Plaza, LLC Los Angeles, CA 90010-2418	OFC			\$1,905.08
Press Print, Inc. Highland, CA 92346-3714	FND			\$4,736.04
Public Storage Los Angeles, CA 90004-3515	OFC			\$726.68

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$16830.73

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 62 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LA County Democratic Central Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sheraton Gateway Los Angeles, CA 90045-5310	FND			\$6,062.38
Silissa Smith Long Beach, CA 90802-1117			CNS/TRS/OFC/MTG	\$802.06
Silissa Smith Long Beach, CA 90802-1117	CNS			\$8,357.52
UTLA Los Angeles, CA 90010-1794	OFC			\$809.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$16031.71

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 63 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LA County Democratic Central Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Brown Paper LA Los Angeles, CA 90029-2209	MTG			\$1,912.63
Bankcard Center Salt Lake City, UT 84130-0833			Credit Card Payment	\$4,040.52
AV Professionals, Inc. Torrance, CA 90503-1315	FND			\$1,155.19
Woodland Hills Printing Woodland Hills, CA 91364-1921	OFC			\$1,604.97

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$8713.31

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/21/2018	
through	12/31/2018	Page 64 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LA County Democratic Central Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ABC Imaging Washington, DC 20036-3521	OFC			\$1,269.30
Alan Brodtkin & Associates Irvine, CA 92618-2722	OFC			\$1,169.20

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2438.50

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA
FORM **460**

Page 65 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
LACDP - Issues & Advocacy Committee Los Angeles, CA 90017-5864		<u>\$10,000.00</u>		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$10,000.00</u> <u>12/31/2014</u> DATE DUE	<u> </u> % RATE	<u>\$10,000.00</u> <u>12/23/2011</u> DATE INCURRED	CALENDAR YEAR PER ELECTION**
LACDP - Issues & Advocacy Committee Los Angeles, CA 90017-5864		<u>\$20,000.00</u>		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$20,000.00</u> <u>12/31/2012</u> DATE DUE	<u> </u> % RATE	<u>\$20,000.00</u> <u>3/22/2012</u> DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS								

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

** If Required

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 10/21/2018 through 12/31/2018	CALIFORNIA FORM 460
	Page 66 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
LACDP - Issues & Advocacy Committee Los Angeles, CA 90017-5864		\$10,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$10,000.00 12/31/2012 DATE DUE	_____ % RATE	\$10,000.00 3/28/2012 DATE INCURRED	CALENDAR YEAR PER ELECTION**
LACDP - Issues & Advocacy Committee Los Angeles, CA 90017-5864		\$50,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$50,000.00 12/31/2013 DATE DUE	_____ % RATE	\$50,000.00 12/20/2012 DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS								

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM 460
	Page <u>67</u> of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
LACDP - Issues & Advocacy Committee Los Angeles, CA 90017-5864		<u>\$25,000.00</u>		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$25,000.00</u> <u>2/25/2015</u> DATE DUE	<u> </u> % RATE	<u>\$25,000.00</u> <u>2/25/2014</u> DATE INCURRED	CALENDAR YEAR PER ELECTION**
LACDP - Issues & Advocacy Committee Los Angeles, CA 90017-5864		<u>\$25,000.00</u>		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$25,000.00</u> <u>4/1/2015</u> DATE DUE	<u> </u> % RATE	<u>\$25,000.00</u> <u>4/1/2014</u> DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS					\$140,000.00			

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period \$0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans \$0.00
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$0.00
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 10/21/2018
through 12/31/2018

CALIFORNIA
FORM **460**

Page 68 of 68

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Los Angeles County Democratic Party - State Candidate Committee

I.D. NUMBER
1237135

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$0.00
- Unitemized increases to cash under \$100 this period..... \$0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC